

CITY OF LOWELL
June 27th & 28th, 2008



Vendor Application
2008
Food Vendor



Name of Business_____

Contact Person_____

Mailing Address_____

City, State,
Zip_____

Day Phone_____Cell_____

Email Address_____

Please enclose the following with your application:

- Copy of current Health Certificate (Food Vendors).
- Copy of current Arkansas State Sales Tax Permit
- Copy of current Certificate of Insurance.
- Description of Food Items to be sold. Pictures if available.
- Include payment in the amount of \$100.00 for each space, for two (2) days. Electricity included.
- No Commission will be charged.
- Additional payment of \$10.00 for shared booth space.
- Units will be inspected at site according to code.

Submit Applications to: City of Lowell
P.O. Box 979
Lowell, AR 72745

Special Events (479)770-2185